

TABLE 2: SERVICES PRIORITIES AND OBJECTIVES

Agency name: _____

Date of last client needs assessment: _____

Instructions: Use this table to reflect the service priorities established as a result of your last needs assessment process. Place the ranking number of each prioritized service in column 2. In column 3 show number of units to be provided and in column 4 show number of persons to be served. Assign a ranking only to those services you have prioritized. Leave the rest blank.

SERVICES CATEGORY	PRIORITY RANKING	OBJECTIVE	
		Units	Persons
1. Ambulatory/Outpatient Medical Care			
2. Case Management			
3. Dental Care			
4. Drug Reimbursement Program			
5. Health Insurance			
6. Home Health Care			
7. Hospice Care			
8. Mental Health Therapy/Counseling			
9. Nutritional Services			
10. Rehabilitation Care			
11. Substance Abuse Treatment/Counseling			
12. Other Services			
13. Support Services			
a. Adoption/Foster Care Assistance			
b. Buddy/Companion Services			
c. Client Advocacy			
d. Counseling (Other)			
e. Day or Respite Care			
f. Direct Emergency Financial Assistance			
g. Food Bank/Home Delivered Meals			
h. Health Education/Risk Reduction			
i. Housing Assistance			
j. Outreach			
k. Permanency Planning			
l. Referral			
m. Transportation			

n. Other Support Services			
---------------------------	--	--	--